

**State of Tennessee
Department of Health**

BOARD OF VETERINARY MEDICAL EXAMINERS

**227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243
(Toll Free In State) 1-800-778-4123 ext. 25090
Local Nashville Area 615-532-5090
tennessee.gov/health**



Procedures for Reinstatement of Certification

Animal Euthanasia Technician



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243**

Tennessee Board of Veterinary Medical Examiners

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Instructions/Procedures for Certification Reinstatement/Reactivation:

1. Submit a letter to the Board requesting reinstatement/reactivation of certification.
2. Complete application for certification reinstatement/reactivation and submit the following:
 - Verification of certification from all states or provinces in which a license is held including any disciplinary information.
 - Payment of fees.
3. Upon receipt of completed application and payment of related fees, file will be reviewed and a letter will be issued to the applicant noting any deficiencies.
4. Completed files will be reviewed for approval.
5. If approved, a letter will be issued authorizing practicing pending final review and ratification by the Board. Upon said Board ratification, a certificate will be mailed.

Please allow six (6) weeks for all documents to be received in our office.

Mail to: Tennessee Board of Veterinary Medical Examiners
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243

**CERTIFIED
ANIMAL EUTHANASIA
TECHNICIAN
APPLICATION FOR
REINSTATEMENT**



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243
615-532-5090**

**ATTACH
PICTURE SO
THAT IT MAY BE
EASILY
REMOVED**

**PLACE FULL
NAME ON
BACK OF
PICTURE**

(MUST BE TYPED OR PRINTED NEATLY)

LICENSE NUMBER _____ **STATUS** _____

S.S.N. _____ - _____ - _____ **Date of Birth** _____
Month/Day/Year

Name _____
Last First Middle (Maiden)

Home Address _____
(Street)

(City) (State) (Zip) (County)

Work Address _____
Name of Facility

(Street)

(City) (State) (Zip) (County)

Email Address _____

Home Phone () _____ **Office Phone** () _____

Have you ever had a license in another name? _____ / _____
Yes No

If so, what name? _____
Last First Middle

Reinstate 1

Have you ever been licensed to practice as a certified animal euthanasia technician in another state? _____

If so, give particulars:

State	Name	License Number
State	Name	License Number
State	Name	License Number
State	Name	License Number
State	Name	License Number

In what occupation or employment have you been engaged for the past five (5) years? Give names of employers, addresses and dates:

1. _____
2. _____
3. _____
4. _____

USE ADDITIONAL SHEET OF PAPER IF NEEDED

Reinstate 2

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice animal euthanasia technology”** is to be construed to include all of the following:
 - a. The cognitive capacity to humanely euthanize domestic canine and feline animals by administering such drugs as designed by the Board of Veterinary Medical Examiners.
 - b. The physical capability to perform animal euthanasia technology tasks with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **“Chemical substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
4. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
5. **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice animal euthanasia technology medicine with reasonable skill and safety? | _____ | _____ |
| a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting; or the manner in which you have chosen to practice? | _____ | _____ |

If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

QUESTIONS:

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 2. Do you currently use chemical substances? | _____ | _____ |
| a. If yes, do they in any way impair or limit your ability to practice animal euthanasia technology medicine with reasonable skill and safety? | _____ | _____ |
| 3. Are you currently engaged in the illegal use of controlled substances? | _____ | _____ |
| a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? | _____ | _____ |
| 4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | _____ | _____ |
| 5. If you have ever held or applied for a license or certificate to practice animal euthanasia medicine in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | _____ | _____ |
| 7. Have you ever applied for and been denied a state or federal controlled substance certificate? | _____ | _____ |
| a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily under threat of investigation or disciplinary action? | _____ | _____ |
| 8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? | _____ | _____ |

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COMPETENCY INFORMATION CONTINUED

QUESTIONS:		YES	NO
9.	Have you ever been rejected or censured by an Animal Euthanasia Technician society?	_____	_____
10.	In relation to the performance of your professional services in any profession:		
A.	Have you ever had a final judgment rendered <u>against</u> you;	_____	_____
b.	Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11.	If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application, and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ SIGNATURE	_____ DATE
---------------------------	----------------------

Sworn to before me this _____ day of _____, _____.

_____ NOTARY PUBLIC	Affix Seal Here
-------------------------------	-----------------

My Commission expires _____

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**ATTACHMENT 1
REINSTATEMENT**

**State where this form
is being mailed:**



**STATE OF TENNESSEE
BOARD OF VETERINARY MEDICAL EXAMINERS
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CERTIFICATE OF LICENSURE IN ANOTHER STATE

APPLICANT SECTION

Complete this section of this form. Mail to each state where you now hold or have ever held a license (make copies as needed). Type this information.

Name _____
Last First Middle

Address _____
Street City State Zip Code

License Number Date Issued

I hereby authorize the _____ to
furnish the Tennessee Veterinary Board any information in your files concerning me, favorable or otherwise.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the above-named individual was issued License # _____, to practice as a _
_____.

Date Issued: _____

Licensed by: () Examination Status: () Active
() Endorsement/Reciprocity () Inactive
() Lapsed

Date License Expires: _____

Has this license ever been encumbered in any way? (revoked, suspended, limited, surrendered, restricted, placed on probation, or denied). () Yes () No If yes, explain on reverse side.

Signature _____ Date _____

Title _____ State _____

LL/G3013302/VME

SEAL